

7131 N. Eleventh, #101
Fresno, CA 93720

Please fax to: 559-435-9105



R E F E R R A L F O R M

Patient's Insurance (We do not accept Medi-Cal and SOME COVERED CA PLANS)

If patient has an HMO, please fax an HMO referral as well. HMO provider will be Mario Gonzalez, M.D.

Primary Insurance: _____

ID #: _____ Group # _____ Benefits Phone # _____

Secondary Insurance: _____

ID #: _____ Group # _____ Benefits Phone # _____

Patient Name: _____

DOB: _____ Male Female

Address: _____

City: _____ State: _____ Zip+4: _____

Home Ph#: _____ Cell #: _____ Wk#: _____

Pt is being referred to us for: _____

Your patient will be scheduled with Dr. Mario Gonzalez, who owns the practice. Dr. Elmore is retired.

Special Requests: _____

Referred by: (Physician's name) _____

Office Address: _____

City: _____ State: _____ Zip+4: _____

Office phone # _____ Fax #: _____

Physician's NPI #: _____ Your name: _____

Thank you so much for the referral.

We will fax you back the appointment information as soon as possible.
Please include office notes if applicable. Questions? Call 559-435-0717